MCG Today

Medical College of Georgia, Summer 1983, Vol. 12, No. 2, USPS 867340

Radiation center battles cancer

BEHIND THE LINES

In his State of the University address last fall, Dr. Moretz reported that despite financial hardships experienced by many academic health centers, "FY 82 was a year of continued progress for the Medical College of Georgia."

We made major renovations to Talmadge Hospital and began renovation of the Murphey Building. Talmadge Hospital was designated the Trauma Center for Region VI. We have stimulated and increased support of research efforts through the MCG Research Institute.

Dr. Moretz noted the high quality of our educational programs, evidenced by high-level performances by our students on various examinations, including national and state board exams.

As he noted, our yearly student enrollments have leveled off during the past five years. The president said now is the time to review existing programs and plan new ones, keeping in mind the changes in medical science, in health manpower requirements and in the delivery and financing of medical care.

In the **MCG Today** Readership Survey many of you indicated you wanted information on the needs of MCG. If we were preparing a "shopping list" to meet future needs of MCG it surely would contain a six-year combined MD/PhD degree program to train investigative researchers who have a working knowledge of clinical aspects of research. The list would include facilities and staff to increase the amount of research done at MCG. High on the list would be a gymnasium for use by our students, faculty, and staff. There has been some exciting discussion about a pediatrics hospital and a child care center for employees.

Dr. Goodale has mentioned to many of you the proposed development of three new MCG Institutes: Geriatrics, Agricultural Medicine and Industrial Medicine.

With continued state assistance and with the help of friends and alumni we will meet these and other challenges, always keeping in mind that the high quality of MCG programs and instruction will never be sacrificed.

One recent challenge that MCG and all other health care facilities have had to meet is the nursing shortage. In this issue, Sally Simkins, our reporter "on the scene" at Talmadge, interviews Dr. Betty Golden, director of nursing, to see how MCG is tackling the problem.

Our new editor of **MCG Today**, Brenda Drake, talks to Butch Mulherin, an alumnus with a fascinating job — team doctor to the University of Georgia Bulldogs.

John Donnelly investigates biofeedback, a growing health field with both clinical and research value.

Bruce Howerton, accountant for the Division of Institutional Relations and the MCG Foundation explains the Testamentary Charitable Remainder Trust, a plan that lets you create a charitable trust through your will and provides financial security for loved ones.

Mandy Roth takes you on a tour of the new Radiation Therapy Center and the exciting things taking place there. It's a source of pride for the whole medical community.

J.C.A.

MCG Today

Vol. 12, No. 2, USPS 867340

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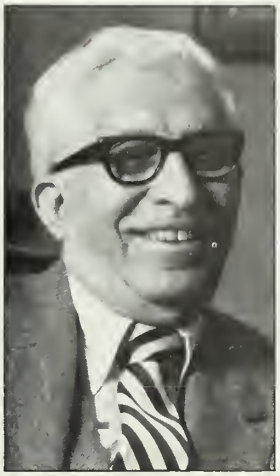

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MCG Today (USPS) is published quarterly. It is sponsored by annual grants from the MCG Foundation, Inc., and is produced by the Division of Institutional Relations, Medical College of Georgia, Augusta, Georgia. Second-class postage is paid at Augusta, Georgia.

MCG Today is furnished to alumni and friends of MCG without charge. Letters to the Editor are welcomed. Class notes items should include name, degree and year of graduation of alumnus. POSTMASTER: Send address changes to *MCG Today*, 1120 Fifteenth Street, EA-100, Augusta, Georgia 30912.

CAMPUS NEWS

Nursing faculty checks future Olympic champs

MCG nursing faculty members conducted health appraisals on more than 100 local students who hope to enter the Special Olympics. This is the second year they have volunteered their time for this effort. Participating this year were faculty members, Lynn Spaw (pictured), Mary Jo Clark, Jan Leidigh, Theyer Wilson, Alice O'Flynn and Marty Sacksteder, group coordinator.

First graders learn about Talmadge

Pediatric nurses, physical therapists and others who deal with children at Talmadge Hospital are taking steps to improve their image with children. This is the second year they have presented an educational program for first and second graders to acquaint them with the reasons for going to a hospital and what might happen when they get there. During one week 160 first graders visited the hospital.

Murphey building to get facelift

Renovation plans for MCG's oldest remaining building have been approved by the University System of Georgia Board of Regents. The Murphey Building which was built in 1939 will have a modern facade similar to Sydenstricker Wing and the Dental School. The entrance will be changed to face the hospital.

A contract was awarded to A.L. Adams Construction Company to begin in February. The project will cost $2,755,683, funded through bonds sold by the Georgia State Finance Commission. Construction should be completed in September, 1984.

Renovation of 7-north passes inspection

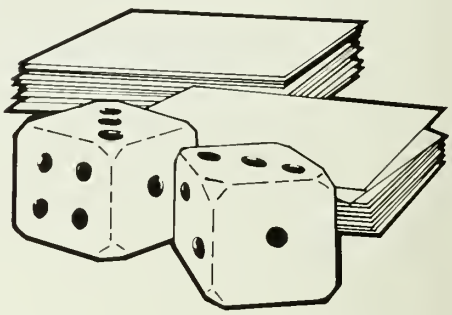
Final inspection of the 7-North nursing unit in Talmadge Hospital has been completed and it is ready for patients. According to assistant administrator Jim Jennings, the 42-bed unit includes on-call sleep rooms, a mini-record room and examination room. The $1,031,000 renovation project also includes the renovation of 7-Ancillary for orthopedic faculty offices and an update of life safety equipment in the orthopedic clinic.

Jennings said that, subject to funding being available, renovation of 8-South will begin during the 83-84 fiscal year.

Faculty assume national offices

E.D. JOY JR., DDS, oral surgery, was appointed to a fifth term as chairman of the American Association of Oral and Maxillofacial Surgeons Committee of Public Information.

L.M. GREENBAUM, PhD, pharmacology, was elected to the Council of Academic Societies Administrative Board of the Association of American Medical Colleges.



GUTS game fights crime

Dr. Betty Hamm, associate professor of mental health-psychiatric-nursing at MCG, has developed a board game called GUTS. GUTS, an acronym for "Growing Up Through Selectivity", is used to teach assertiveness skills to juvenile delinquents. By playing the game, the 15 to 17-year-old boys she works with realize they have a choice in how they react to real-life situations. She has found that participants have a lower rate of return to delinquency.

Dr. Hamm presented the game at the Third International Conference of Psychological Stress and Adjustment in Time of War and Peace held in Tel Aviv.

Hagler and Vallotton named to President's Advisory Council

Two Augusta businessmen, John C. Hagler III and J. Maxwell Vallotton, have been named to the President's Advisory Council of MCG.

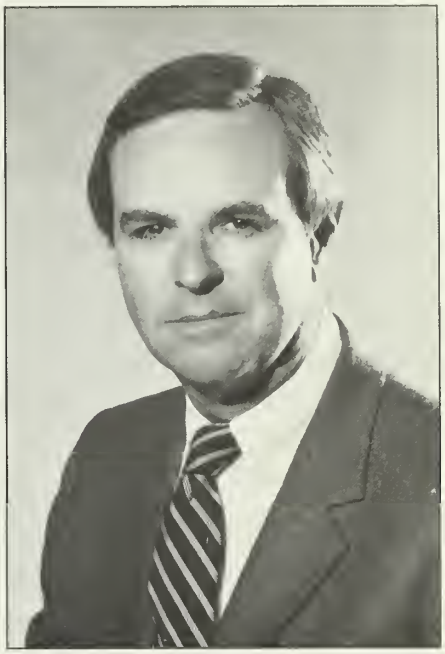
The advisory council is made up of leaders in business and industry from throughout Georgia who assist MCG's president in setting priorities and aid him on other matters.

Hagler is the chairman of the board of GIW Industries, the parent company for Georgia Iron Works and other companies. He is also president and treasurer of Winfield Hills, Inc. and treasurer of P.L.H. Investments, Inc.

He is a board member of the National Foundry Association, St. Joseph Hospital and the Medical College of Georgia Foundation.

Hagler is a graduate of the University of Georgia.

Hagler



Vallotton

Vallotton is first vice-president of Johnson, Lane, Space, Smith and Co., Inc. He was previously with Maxwell Brothers Furniture Co. in Columbia, S.C.

A BBA graduate from the University of Georgia, Vallotton sits on the Board of Directors of the March of Dimes and serves as an elder at Reid Memorial Presbyterian Church.

James Austin, Executive Director of MCG Foundation (left); Buddy Martin, Student Affairs Division; Clay Haskins, Vice President of the MCG Student Government Association.

Foundation funds gym equipment for students

New gym equipment, donated by the MCG Foundation, has been installed in the Student Center and is already being used by students. The $5,000 system, called the Universal Centurian multi-station, can be used by a number of students at the same time.

Buddy Martin of the Student Affairs Division says, "The equipment has really made a difference in student morale here on campus."

Combining technology and compassion

Radiation Therapist, Dana Edenfield, administers treatment to Forest Lanier

by Mandy Roth

Marian Summerford looks like the picture of health.

Her complexion is rosy. Her voice is steady. She moves around the room with ease and seems to have the strength of a healthy person. But her conversation indicates that all is not well. She talks about how much she has to live for. She has cancer.

Cancer is the second leading cause of death in the United States. The American Cancer Society estimates 855,000 Americans will be diagnosed as cancer victims in 1983; 440,000 will die. "You hear about cancer," says Summerford, "but when they say '*you* are the one,' that's a little different."

Summerford is one of more than 1,000 patients who have been treated since August 1981 at the Georgia Radiation Therapy Center at Augusta located at the Medical College of Georgia. The center was established as a cooperative treatment facility among area hospitals to provide radiation therapy to cancer patients from across Georgia and South Carolina, says Dr. Winford H. Pool, chairman of radiology at MCG. He adds that a centralized facility such as this lowers health care costs, concentrates available trained personnel and provides more sophisticated equipment than individual hospitals could afford.

The equipment is important to the therapy program, but so are the people who devise treatment plans, operate the equipment and treat the patient. This is a tale of technology and compassion, two seemingly opposite approaches to treatment which have been harmonized to provide optimum care for cancer patients.

Marian Summerford, a South Carolina resident, was referred to the Georgia Radiation Therapy Center with endometrial cancer. She is married and has relatives in Augusta and Atlanta. She told her physician she'd like to be near her family. The doctor was familiar with the facility in Augusta and told her "I think that would be a great place to go." She began the first of 24 treatments in late November 1982.

At first glance a visitor might have a difficult time distinguishing the therapy center from a modern office building. A spacious waiting area is located just inside the front entrance. Cushioned sofas and armchairs are scattered throughout the sunlit room. Not only is it roomy and comfortable, the arrangement allows those waiting for treatment to socialize or sit alone.

"So often when people are having similar troubles," says Summerford, "they like to talk. But if you don't want to, you can be alone." At times she enjoyed exchanging information and thoughts with other cancer patients. Dressing rooms and bathrooms connect the waiting area with the adjacent treatment rooms.

Inside, the decor is much the same. Small gardens are located in treatment rooms to improve the clinical setting. "Over the years radiation therapy has often been relegated to basements," says one of the center's radiologists, Dr. Jerry Howington. Howington is one of a 33-member team employed at the facility. He explains that basements are often convenient areas to locate radiation equipment because the surrounding earth provides necessary shielding, however, the location may be isolated and without windows, giving the area a dreary appearance. "A bright atmosphere is good psychologically," he says. "The live plants change the attitude of the patient completely."

The first two treatment rooms are equipped with Clinac 4 linear accelerators which emit four million volt electrically-produced x-rays. These are the most frequently used machines and are instrumental in treatment of lung, breast and many other types of cancer.

The next room contains a Clinac 18 unit which uses 10 million volt x-rays to treat cancerous areas located deep in the body requiring large doses of radiation. This type of therapy is useful in treatment of prostate and cervical tumors. The machine also produces electron beams to treat cancers closer to the body's surface.

The patients in these rooms must be perfectly positioned each time they receive treatment. Lining up the patient may take up to 10 minutes. The actual treatments last only a few minutes. Before treatment begins, all personnel leave the room. The patient must lie perfectly still and is monitored on an outside television screen. Nothing visible touches the patient during the treatment. It is a motionless, silent procedure. Human contact is absent only during the administration of radiation.

"I always felt like touch was an important thing," Summerford says. The staff at the center reflects her concern through their actions. "They all touch you. The doctors shake your hand, the nurses put their arms around you. I didn't feel like anybody was a stranger."

The treatment is painless, at least for the moment. The unwelcome reaction, if any, comes later, in the form of nausea and diarrhea. Some patients complain of fatigue and weakness. "It slows you down," says Summerford. "I didn't get to do a lot of the things I usually do during Christmas. I guess you have to pay a little price for getting well."

The center has one more treatment area which contains a superficial machine, useful in treating skin and other types of superficial cancers. The final patient area is not a treatment room, but has many of the same functions. It holds an x-ray simulator, a specialized instrument used for planning treatment. This is where most patients begin the treatment process. Inside is an array of sophisticated instruments that have the potential to scare patients, however, the staff takes steps to alleviate the patient's fear by explaining the procedure before it occurs.

The room is dark except for a greenish glow projected from the head of the simulator and red laser beams which bisect the darkness from opposing walls. A patient lies on an elevated table in the center of the room. The light forms a graph on his body to indicate the direction and size of x-ray beams. The graph will be marked in each corner with a permanent tattoo. The lights, tattoos and lasers are part of the elaborate system used to position the patient for treatment.

Summerford was apprehensive about the treatment during her first visit. The staff was sensitive to her worries, however. "There was so much empathy, so much concern. They generated friendship and love. They always explained what was going to happen before it happened. And we had a lot of little jokes." She used to kid the staff about having to "connect the dots" when she was positioned for treatment using the tattoos as guidelines.

The staff was also open to questions, she says. "If you finished that day and something was worrying you, you could always see a doctor. They'd take time to answer questions." Many of those questions deal with the patient's fear, says Howington. The treatment itself radiates fear, but even more frightening is the patient's condition.

Many people equate the term "cancer" with death.

"They should!" exclaims Howington. "Untreated, they're going to die." Cancer is always a destructive process. The American Cancer Society defines cancer as a large group of diseases characterized by uncontrolled growth and spread of abnormal cells. "Every organ system can be attacked," says Howington. "If cancer is not controlled or cured, the patient is eventually going to

die." Approximately half of cancer patients receive radiation therapy in the course of their treatment, he says, and of those, one-fourth to one-third of patients seen at the Georgia Radiation Therapy Center are treated with a definite aim of being cured. The remainder are treated to prolong or improve the quality of their lives.

Most patients referred to the center have already been told they have cancer. "The first thing I thought was 'Oh my, it just couldn't be,'" recalls Summerford of her experience. "I was overcome. The next thing I thought was 'what am I going to do to get over it. I've just got so much to live for.' You have to have a good attitude."

Before arriving at the center, the patient often knows what is wrong, but the consequences are not always clearly understood, says Howington. Once the consequences are spelled out, "people hear what they want to hear. The patient is facing a very difficult thing. They often don't want to hear the whole story on day one. It takes weeks or months sometimes for a person to work through the emotional issues and come to grips with their disease and possible death. Some people never do it. They deny it until they die."

Everybody is different. If somebody has been hysterical all their life, they'll approach death in the same way. "If they are logical in other areas of their life, they'll probably approach cancer in a logical fashion."

Howington says there is only one way to tell a patient they are going to die: "Honestly. If a patient is going to die, we don't have the right to withhold that information." One recent experience illustrates his method. A patient he was treating was dying of lung cancer and coughing-up blood every day. He told her "I don't think it's (the radiation therapy) going to improve the quantity of your life, but it may improve the quality. It may do nothing more than stop you from coughing up blood every day."

When faced with a verdict like this, the patient goes through the "normal emotions of despair," says Howington. "All you can do is hold their hand and sit there with them."

Bridging the gap between meeting the emotional needs of the patient and providing the actual treatment is the job of the medical physicists on staff. Their work is involved and often complicated. "We try to decide what we can do with the equipment to give the best plan to the physician to accomplish his goals of treatment," explains medical physicist Sandy Burch. The goal is to concentrate radiation in the cancerous tissue and deliver as small a dose as possible to surrounding healthy tissue. Some sensitive structures, such as the spinal cord or eyes, must be completely avoided. "There are a lot of different variables," she says.

One patient she particularly remembers was a teenaged boy with a tumor in the frontal part of his skull. "We had to treat that area and avoid treating his eyes. The treatment plan took several days to develop and was successful. "I believe he's still doing well," she says. She finds her work challenging and rewarding. "Once you get past the initial shock (of working with dying patients) the people are the same as any people you know — your family, your friends. And you *can* help them."

Helping cancer patients has been the focus of the center since the first phase began operating in 1981. "The main purpose of the center is to deliver quality patient care," says Dr. Kamla Shah, medical and administrative director of the center. Plans call for a second phase which will expand the teaching functions of the facility and add the capacity for research. Shah says she would like to see a planning group organized in the near future to consider developing the second phase. She plans to emphasize the importance of the multi-disciplinary approach to cancer treatment and planning by organizing more teaching conferences and initiating more discussion between professionals. "This would help provide the best patient care and treatment," she says.

Marian Summerford completed her radiation therapy treatments in late 1982 and her medical treatment is continuing. The doctors assure her that she is doing well, she says. "I've got so many people behind me, I've got to be all right. I have the love and prayer and support of too many people. I can't let them down. Augusta is really lucky to have this center; the staff is outstanding in every way. I'm glad I had the chance to be here." ■

Dr. Jerry Howington and Dr. Dianne Ford work as part of a 33-member team

A POSSIBLE NAME CHANGE?

Editor's note: This article, presented by an ad hoc committee of the Academic Council, comes from the study of a possible name change for MCG.

The possibility of a change in the name of our institution has been discussed for a number of years by groups of individuals both within and without the institution. In 1973, for instance, the accreditation report of the Southern Association of Universities and Colleges recommended that a name be adopted which would better reflect the mission and goals of the Medical College of Georgia. Subsequently, the 1977-78 report of the Institutional Self-Study performed in requirement for accreditation by the Southern Association contained two recommendations related to the institutional name:

(1) The Committee on Purpose, Recommendation 5; page 36: "That the name of the institution be changed to reflect more clearly MCG's purpose, the scope of its endeavors and the university image."

(2) The Committee on Organization and Administration, Recommendation 1; page 130: "That the name of the Medical College of Georgia be changed to clearly indicate its university level status."

A survey of faculty and students at that time indicated an interest in considering a change in the name of MCG to one which would suggest more definitively its university status. More recently, the Future of the College Committee recommended to the Academic Council "that the Faculty Organization in concert with the Administration initiate action to consider changing the name of MCG and its respective units to one which more adequately reflects our comprehensive mission." As a result of the adoption of this recommendation in December, 1982, Dr. Virginia Zachert, President of the Academic Council, formed an ad hoc committee in January of this year to begin work on a study of a possible name change. After initial consultation with the president of the Medical College, the ad hoc committee gathered data concerning the multifaceted activities and responsibilities of MCG which illustrated the university nature and stature of our institution. An action plan was adopted to disseminate this information to all interest groups in order that informed viewpoints could be obtained and transmitted to the president.

The Medical College has experienced six name changes since its founding in 1828: 1828, opened as the Medical Academy of Georgia; 1829, the Medical Institute of the State of Georgia; 1833, Medical College of Georgia; 1873, the Medical College of Georgia, being the Medical Department of the University of Georgia; 1911, the Medical Department of Georgia; 1933, the University of Georgia School of Medicine and in 1950, reverted to Medical College of Georgia.

From 1928 until 1950, MCG operated as a school of medicine. In 1950, university status was granted to MCG by the board of Regents of the University System of Georgia. The opening of Talmadge Memorial Hospital in 1956 changed MCG to an academic health center.

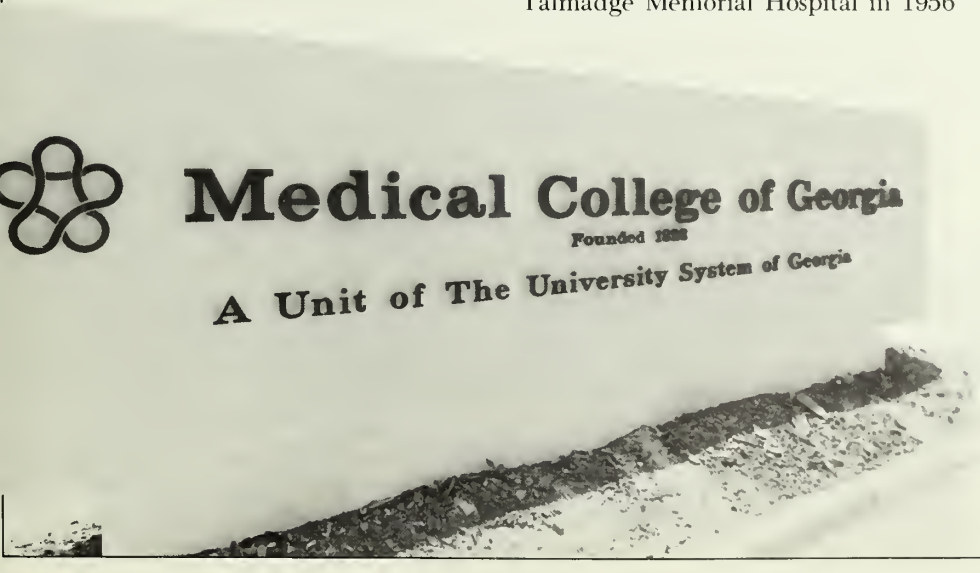
Medical technology training began in 1937 in what had been, to that time, solely a medical curriculum. Other programs followed: Medical Illustration in 1949; a Master of Science degree in 1951; the Nursing School was moved from Athens to Augusta in 1956; Radiologic Technology and Medical Record Administration were added in 1962; the first Ph.D. degree was awarded in 1963; the Graduate School was established in 1966; the School of Dentistry was approved in 1965 and an Associated Dental Sciences program was started in 1967.

In 1968, the School of Allied Health Sciences opened and a M.S. in Nursing program started, followed rapidly by programs in Physical Therapy, Occupational Therapy, Respiratory Therapy, and in 1974 the M.S. in Health Education degree.

MCG awards certificates or associate degrees in eight disciplines, the Bachelor of Science degree in 11 disciplines, the M.S. in 17 disciplines and the Doctoral degree in eight disciplines.

During 1982, MCG awarded 38 Associate degrees, 302 Bachelor degrees, 44 Master degrees, four Ph.D. degrees, 182 M.D. degrees and 55 D.M.D. degrees. MCG enrollment totaled 1,927 in 1982, including 470 in allied health sciences, 227 in dentistry, 102 in graduate studies, 710 in medicine and 458 in nursing. The college has over 9,000 living alumni, of which just over 4,000, or 44 percent are medical alumni, 2,700, or 38 percent are nursing alumni, 1,700, or 18 percent are allied health alumni, 499 are dental alumni and 239 are graduate studies alumni.

The stated facts have led to the formation of a committee to study the question of the possibility of a name change of MCG. The committee is charged to seek additional facts and considerations from officers of the alumni, faculty and students of the various schools. Your input would be welcomed by your representative officers for transmittal to the committee. It is anticipated that a compilation of the results will lead to a meaningful survey of interested individuals concerning the desirability of a change in the name of the institution. ■



He brought academic anesthesiology to the South

by Brenda Drake

"I haven't done anything great. I just happened to be at the right place at the right time," says Dr. Perry Volpitto with a glint in his eye.

The former Chairman of Anesthesiology at MCG was responsible for setting up the first academic department of anesthesiology in the South when he came to MCG in 1937. At that time anesthesiology was just beginning to grow from a poor stepchild of medicine to the respected medical specialty it is today. After the discovery of the anesthetic use of ether in the 1840s, progress in the field was relatively dead for a hundred years.

"The task of administering anesthesia was relegated to the least experienced person on the surgical team. It was considered to be a simple procedure that anyone could learn how to do. They didn't realize that in order to be an effective anesthesiologist you must first understand medicine and be a good physician," he says.

As the doctor speaks he is seated in his antiquated office in the old section of Talmadge Hospital. The walls are covered with pictures of great men in his profession. Volpitto will soon be leaving his cozy office to move into the new section of the hospital with its computers and other state-of-the-art technology. The move is symbolic of the two eras of anesthesiology he has witnessed.

"When I first came to MCG we were only hired part-time and paid a pittance by the state for teaching, so I had to make a living through private practice. The only faculty being paid full-time were the basic sciences faculty. At that time MCG was called the University of Georgia School of Medicine and we only graduated about 35 medical students a year. Anesthesiology was not recognized as a specialty. Fewer than a dozen hospitals offered training to physicians. Then there were fewer than 400 physicians in the whole United States limiting themselves to anesthesiology and most of those were self-taught. Now there are 20,000 physicians specializing in anesthesiology and these are highly trained in the total-care approach to patients," he says.

Volpitto has just published a book, **The Genesis of Contemporary American Anesthesiology,°** which focuses on the development of American anesthesiology in the 1930s and 1940s.

He recalls, "I went on a sabbatical to Europe to collect writings about the history of anesthesiology there, but my quest always brought me back to this country because of all the great advances made here. Of the original medical specialties, anesthesiology was the only one which had its origin in the United States.

"Of course, much of the credit belongs to Crawford Long who gave the first anesthetic for surgery on March 30, 1842 in Jefferson, Ga. He didn't seek a patent on his discovery or publish his findings right away because he had been trained to spend countless hours of research and experimentation on a subject before writing about it."

Dr. Leroy D. Vandam, Professor Emeritus of Anesthesia, Harvard Medical School, helped edit Volpitto's book and Dr. John Adriani, Professor Emeritus of Surgery, Tulane University, wrote the foreword. Pioneers in the development of anesthesiology have been categorized as visionaries and those who followed them as activators. The visionaries realized that anesthesiology was a complex matter and demonstrated this to their colleagues. They played a major role in setting the pattern and the direction the specialty would take by establishing formal training programs, a certifying Board, a specialty society, research and a scientific journal.

The book features historical and biographical sketches of the physicians who played dominant roles in the development of the specialty, the centers at which significant contributions were made, and the founding of organizations of clinicians that promoted the specialty and research and educational programs.

All of the visionaries and most of

the activators described in the book are dead now. Most of them were personal friends of Volpitto and in his book he has distilled their ideas and contributions to the specialty.

He has seen the development of anesthesiology from all sides. He sat for the first examination ever given by the American Board of Anesthesiology (under the American Board of Surgery) and he is proud to point out that his certificate is number 40. He is also proud to have been a part of the development of MCG into "one of the finest medical colleges in the Southeast."

The doctor no longer keeps full-time office hours but still serves as a consultant. It's obvious the staff holds him in high esteem and is not about to let him go. Students often hold discussions in his office and study in the Perry Volpitto Library down the hall.

He is supposed to be retired but when questioned about hobbies he says disdainfully, "Medicine is my only hobby and always will be."

He has no interest in television or work in the yard. "Medicine! That's the real thrill in life," he says.

So, if you are writing a book or doing research and you have any questions about anesthesiology, please address them to the gentleman with silver hair and kind eyes in the old-fashioned office. He would like nothing better than to discuss anesthesiology. He is convinced that teachers of his caliber and devotion abound in colleges throughout the country. We can only hope he is right. ■

° *Charles C. Thomas, Publishers*
Springfield, Illinois

Anesthesiology "grows up" in the South

In Augusta, prior to 1937, anesthesia had been administered by untrained physicians devoting most of their time to general practice. It was customary for the practitioner who referred the patient to a surgeon to give the anesthesia. Or the surgeon would have his office partner, a general practitioner or internist, give anesthesia for all the office patients going to surgery. Anesthesia was usually ether, given by open drop with chloroform sometimes employed for induction. This system of referral and anesthetic administration persisted in Augusta until the late 1940s.

One year after Dr. Perry Volpitto arrived in Augusta he was busy setting up the first training program for residents in anesthesia in the South. He organized the program at University Hospital and the first resident entered the program in July, 1939.

The Department of Anesthesia at Georgia at first consisted of Volpitto and two interns who rotated on a two-month service known as Emergency Room and Anesthesia. Medical students rotated on anesthesia for one week or were employed as externs acting as technical assistants.

One of Volpitto's early goals at the Medical College was to secure acceptance of anesthesia as part of the school's curriculum. The first breakthrough occurred in 1938-39 when William F. Hamilton, Professor of Physiology and head of the then combined Departments of Physiology and Pharmacology, agreed to Volpitto's request to give lectures during second-year pharmacology. Meanwhile, in 1938, the Department of Surgery included in a third-year course of "Clinical Surgery," a section known as "Surgical Technique" where students performed standard operations on anesthetized dogs. In this way, a course to be known as "Practical Anesthesia" became an integral part of the course.

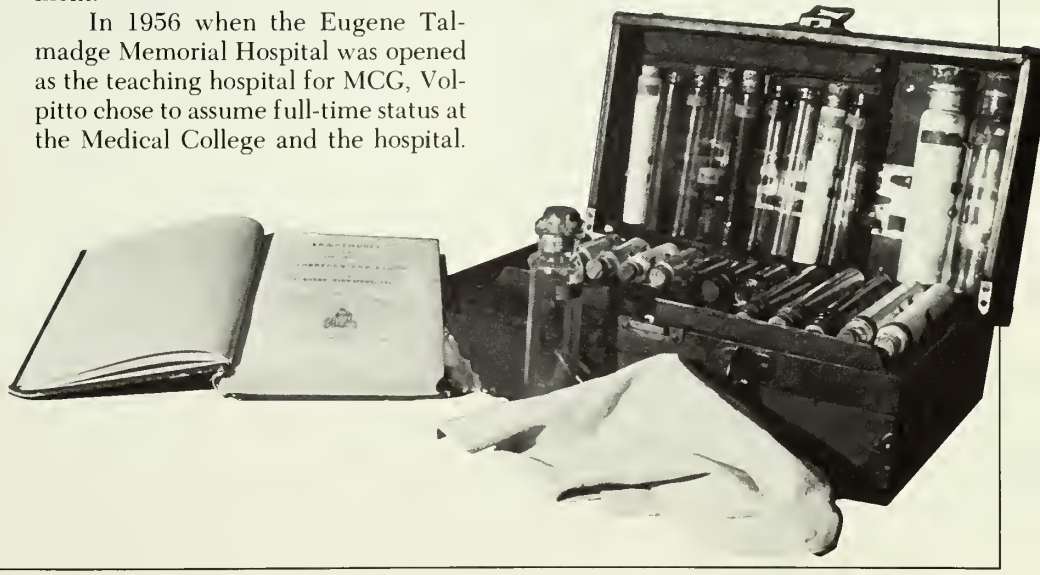
In 1946 the first instructor was appointed to the Department, followed in 1948 by a third staff appointment. By 1956, there were seven full-time staff and six residents in the department.

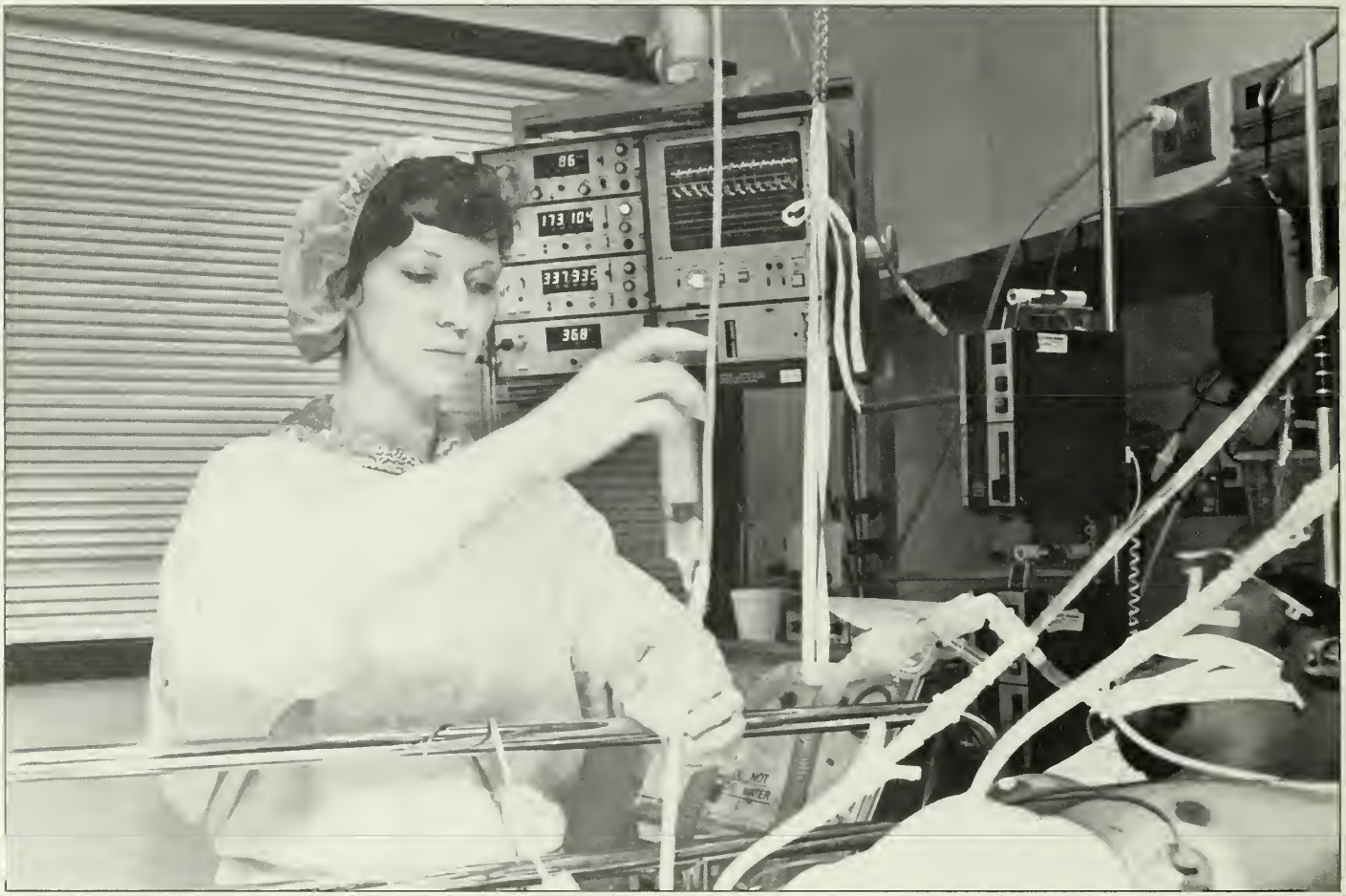
In 1956 when the Eugene Talmadge Memorial Hospital was opened as the teaching hospital for MCG, Volpitto chose to assume full-time status at the Medical College and the hospital. At his request, the department became autonomous, no longer a section under surgery. Volpitto continued as Chairman of the Department of Anesthesiology until he voluntarily stepped down in 1972, retiring on June 30, 1973 and being named to Emeritus Professor status by the State Board of Regents. He served the Medical College as its first and only chief of the Department of Anesthesiology for 36 years.

In 1956, anesthesia in Augusta was almost 100 percent administered by fully trained physicians. Between 1956 and 1963, there were nine to fourteen residents in training spending half-time at the University Hospital and half at Talmadge. In 1963, owing to the reduction in number of physicians applying for residency training and because Talmadge had an average daily census of more than 400 patients, the affiliated residency between Talmadge and the University Hospital was discontinued and the program was limited to Talmadge.

The anesthesiology staff, as of July, 1982 had increased to 15. This includes four full professors, three associate professors, four assistant professors and four clinical instructors. All are in full-time practice. Dr. Z. W. Gramling, former resident and staff member, was appointed acting Chairman of the Department and then Professor and Chairman of the Department on July 1, 1973. ■

Source: The Genesis of Contemporary American Anesthesiology
Edited by Perry P. Volpitto, M.D. and Leroy D. Vandam, M.D.





Sheila Colston, trauma service nurse.

Hospital nursing

MCG keeps the challenge alive

by Sally Simkins

When Betty Golden came to the Medical College of Georgia in 1958 as a prospective nursing student she was taller than the pine trees that had just been planted by the nursing dormitory.

Today, the trees tower high above the dorm. The nursing program at MCG and Talmadge Hospital has grown likewise.

"There have been problems along the way, but none that we have not been able to conquer," Golden, now director of nursing at Talmadge Hospital, said. "The hospital's nursing service was established on a firm foundation."

Much of the credit for that foundation was given by Golden to Leilee P. Ault who continues to serve on the faculty of the School of Nursing.

"The hospital opened on the metric system . . . only registered nurses and nursing assistants were being hired . . . team nursing was being organized . . .

"Much of this was very forward thinking."

Golden looks to the future of nursing at Talmadge Hospital and nursing as a whole with confidence.

Because of its nursing service, Talmadge Hospital has been chosen as one of six model sites in the southeast for a three-year project designed to strengthen faculty development in schools offering associate degree nursing education.

In the project Talmadge will serve as a partner with the University of South Carolina in Aiken. Under a grant from the W. K. Kellogg Foundation, USC-Aiken's master's-prepared nursing faculty will be working to improve their clinical skills and increase their knowledge of curriculum construction.

"Nursing is more challenging and rewarding then ever," Golden said. "And, I believe that hospital nursing is still where nursing is most challenging."

Keeping that challenge alive is an explosion of technology making nursing care much more technical than in the past.

"In the hospital's early days there were none of the electronic things we have today. It used to be that we knew what we could see, feel and smell, but there is so much more information to deal with now.

"You would surmise that with this increase in technology fewer nurses would be needed and our jobs would be easier, but that's not so. There is so much more data to deal with."

What the technology explosion has done is lead to increased levels of training in nursing and to specializations in nursing.

A CETA program developed by Talmadge Hospital's Staff Development Office allowed the training of nursing assistants as licensed practical nurses. As a continuation of the program, a grant now is being sought to allow the LPNs to go through the associate degree in nursing program.

Today's nurse has to be better educated overall these days, according to the nursing director.

As evidence of this trend she said Talmadge Hospital is moving toward having an all licensed staff made up of registered nurses and licensed practical nurses.

Speaking of specializations in nursing, Golden said the increased technology of the profession has made it impossible for nurses to know everything there is to know in the field.

"Nurses are beginning to specialize in areas of special interest — even subspecialties," she said.

Also, there are clinical nurse specialists and nurse clinicians on the Talmadge Hospital staff who are primarily responsible for providing direct patient care in particular areas, following patients throughout their hospitalization and recovery. Areas in which they work include surgical and pediatric oncology, epidemiology, pediatric cardiology, neurology and neurosurgery, gynecology/oncology and cardiac surgery.

Nursing is also moving into the area of primary care in which one nurse is responsible for planning, reviewing and overseeing a particular patient's care.

"Today's nurse is very much a part of the planning of patient care," Golden said. "The hospital nurse will never be autonomous, they will always be working with the physician but they are more independent than they were 20 years ago.

"Now, there are things that are regarded as nursing decisions, where 20 years ago a physician's order would have been needed."

A nursing shortage, at its more serious stage during the early 1970s, has subsided with credit going to the initiation of an active recruitment program, increased salaries, flexible staffing and improved working conditions in general.

Also, playing an important role in the solution was good support from the college, hospital administration and the medical staff, according to Golden.

"Right now we have fewer vacancies than at the same time last year," she said. "We are continuing to grow, not just keep up. As we open new programs we anticipate filling all our vacancies."

Two recently renovated nursing units have been opened within the past year, bringing the total number of beds to over 500.

With the best use of its nursing staff in mind, Talmadge Hospital has joined with a nursing information management system - Medicus. A rather new concept in the country, the system is designed to provide a workload index per unit.

"As positions are filled we will be looking at staffing levels, work commitments and classifications," Golden explained. "It will help in the efficient utilization of staff on a unit and most importantly, assure that we are meeting our patients' needs.

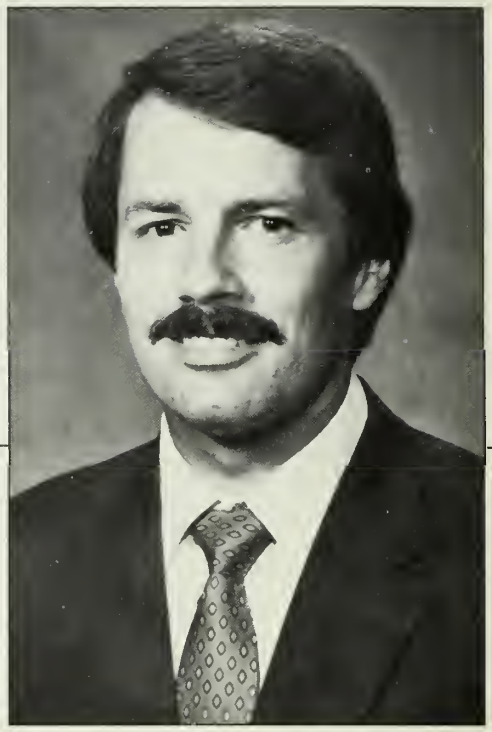
"As hospitals become big business, nursing has to become more business oriented," she continued. "It's important that nursing managers know how to manage people and money as well as being clinically oriented.

"All in all, though, nursing is still the most rewarding profession a person can choose. It's a lot of hard work — physically hard and mentally exhausting, but rewarding." ■

Betty Golden

Profiles

by Janet McKnight



Mike Vernon, *MCG School of Dentistry Alumni Association President*

After completing his one year term as president of the MCG School of Dentistry Alumni Association, Dr. Michael O. Vernon feels he has accomplished his number one goal: an increased membership in the organization. "I believe the regional alumni dinner-meetings which are being held during the year are powerful stimulators. We have had outstanding attendance at the dinners so far, and I am certain they will continue to advance membership as the number of dinners increases each year." Mike gives much of the credit for the year's success to his vice-president, Logan "Buzzy" Nalley, to the secretary-treasurer, William Williams, and to Dr. Judson C. Hickey, Dean of the MCG School of Dentistry.

Mike Vernon met another important key to his success, his future wife, Debbie Carter, on July 4, 1971. After a "whirl-wind courtship" they were married in December of the same year. Both worked at St. Mary's Hospital in Athens while Mike attended classes at the University of Georgia. "I was always headed toward a health profession, and I went to UGA with that in mind. While working at the hospital, I was impressed with the work of an oral surgeon there. I decided to go into dentistry as an avenue into oral surgery." The Vernons were particularly pleased when Mike was accepted at the Medical College of Georgia, since Evans and Augusta were their home towns. Mike graduated from the School of Dentistry in 1977 under the three year program, and received the Alpha Omega Scholarship Award, the highest award bestowed on a graduating dentistry student.

Mike worked at the dentistry clinics one day each week, without pay, in the fall of 1979. By winter quarter, he was being paid for a half day's work. In the fall of 1980 he became a "real faculty member." He notes, "My partners encouraged me to do this, even though it means an extra patient load on them when I'm gone." Mike enjoys his role as an instructor in the restorative department, and sees it as an education for him, also. "I am there to advise and teach the student in any way I can. I am fortunate in that I am able to keep up with new dental advances because the school is the first to hear of them, sometimes even before they go into literature."

The other four days each week, Mike is a dedicated general practitioner. He chose not to concentrate in his field of specialty because, "I enjoy the whole thing so much." He particularly enjoys treating his younger patients. "I feel a great sense of accomplishment when I can 'win over' a child and gain his or her trust."

And with three youngsters of his own, you can bet that he has plenty of experience. He describes David, 5; Julia, 2; and Sarah, 1, as "three small bundles of everlasting energy." The Vernons reside in the Martinez area. They enjoy the winter months because of the easily accessible snow skiing areas available.

The SDAA president often serves as secretary-treasurer and vice president prior to taking the seat as president. "It was a great initiation process," according to Mike. "It helped me to work my way up, and I was better prepared to fulfill my duties as president." As outgoing president, Mike sees a bright future for the alumni association. "The new slate of officers is a hard-working bunch. If they can keep everyone informed, the support will surely follow. I wish the best to Bob Pearson, the new president; his vice president, Joe Chafin; and to the secretary-treasurer, Fred Hedrick." ■

Betty Pond,
MCG School of Nursing Alumni Association President

The president of the MCG School of Nursing Alumni Association is elected for a two year term, and Betty Pond completed her first year in May of 1983. Betty admits the work has been an "eye-opening experience" for her. "There are many more opportunities to do good things than I had previously thought. The alumni can have a much greater impact than most of us realize."

Betty gives much credit to her hardworking board of directors. Meeting together every two months, or more often if necessary, the board has worked diligently. Their goals have been to increase membership and financial support, to clarify the criteria for the Phoebe Kandel Rohrer Founders Award, to give special support to 1983 graduates, to create a well-rounded Homecoming program for the alumni, and to provide special support to Dean Mary Conway in her endeavors to recruit faculty and increase the School of Nursing Development Fund.

"I enjoy working with people," Betty says. "Helping them to adjust to life and cope with illness is particularly rewarding." She is an instructor in the MCG parent-child nursing department, completing her second year of teaching. She finds nursing a challenging career, and the teaching of nursing an even more fascinating challenge. "To prepare nursing students for their future roles, and to share in their accomplishments, helps to make my life stimulating and worthwhile."

Elizabeth Margaret Farren was born in Savannah, and lived her teen years in Marietta. She moved to Augusta to attend MCG and met her future husband, Joseph Pond, while completing her core courses at Augusta College. The Ponds were married in 1965, and Betty completed her BSN in 1966. Upon graduation, she worked as a staff nurse on the obstetrics unit at Talmadge Hospital, and later became head nurse on the unit.

It was important for Betty to be at home with her children while they were growing up, so she took time off from her career. Five years after the birth of her third child, Betty returned to MCG to obtain her MSN degree, which she accomplished in 1981.

Life in the Pond household with three daughters, Cathy, 15; Cheri, 14; and Julie, 9, is "very interesting." The days include horseback riding lessons, choir practices, modeling classes, and piano lessons. "I am fascinated as I watch them grow and develop into pretty young ladies. They are like flowers opening up!" Betty is thankful for the flexibility of her work schedule so she can spend time with her family. Favorite vacations are those which include snow and water skiing.

It is traditional for each Nursing alumni president to create a solid record of achievement in the first year, and to redouble efforts in the second year. Betty is no exception. Goals set for the 1983-84 year include: finding new and more effective ways to support the School of Nursing's new building project, its doctorate program, and the creation of new scholarship funds. Current programs to be continued include: newsletters, awards, receptions and outstanding Homecoming activities. ■

Mastering stress with biofeedback

by John Donnelly

The sound of the tones became more frequent, beepbeepbeep, as the patient fought back to a more active consciousness from the edge of sleep. The tones decreased, beepbeep . . . beep . . . beep . . . beep, as the image of an autumn afternoon in the mountains beside a cool, dawdling brook again began to take shape in the patient's mind.

Gone were the muscle tensions in his arms and legs, his limbs now so heavy he actually believed they could not be raised. Gone was all thought of trying to control the gauges and series of lights that were a part of the machine reading his muscle tension through the three electrodes arrayed across his forehead.

All that was left was the sound of the breeze stirring the fallen leaves on the ground (or was it only his deeply relaxed breathing) in his mind's mountain setting. Beep . . . beep . . . beep.

The beeps picked up again, but slowly this time, as the therapist began the process of fading out the mountain afternoon and returning the patient to the reality of a firm but well cushioned reclining chair.

"Did you enjoy that?" the therapist asked when the patient was sitting up in the chair again.

"That was something else! I was so relaxed I had to catch myself to keep from drifting off to sleep."

"I should have told you about that," the therapist said. "You wouldn't have gone to sleep. It's just that people are not used to relaxing that deeply and think they will fall asleep but they don't."

"I see why this type of treatment is used to reduce stress," the patient said.

Stress is one of the most often used words in the modern industrialized world. A broad term with different meanings for everyone, it can lead to headaches, involuntary muscle tension, stomach distress, high blood pressure and other physical and behavioral problems.

With the growing emphasis on preventive medicine, stress-related problems have become an area where approaches such as biofeedback techniques are bringing relief to a wide spectrum of patients.

Dr. Robert Kaltenbach, associate professor of restorative dentistry at MCG's School of Dentistry, is a certified biofeedback operator, one of about 1,200 in the country. While biofeedback is not on the tips of many physicians' and dentists' tongues, Kaltenbach feels that "more and more, the use of biofeedback is getting into the actual delivery system of health care. We are at the point now where the insurance companies are paying for biofeedback treatments if they are prescribed by physicians and dentists." He adds that one government sponsored insurance program has recognized biofeedback as the treatment of choice for several conditions.

In Barbara Brown's **Stress and the Art of Biofeedback,** Dr. Hans Selye, internationally known authority on stress, says "biofeedback is essentially a nonspecific therapy, a technique for the mastery of psychogenic stress by bringing into awareness certain stress indices such as change of heart rate, a rise in blood pressure, muscular tension or any combination of these. Thus, we can learn how to control stress itself, to a considerable extent, by becoming aware of its intensity and avoiding the danger of exceeding our natural stress level."

"The technique I use in treating patients is a combination of autogenic training and progressive relaxation," Kaltenbach says. "Both of these are relaxation devices. Some people are more receptive to one technique while others respond better to the other."

The psychologist says he also uses breathing responses as a relaxation technique. "Experiments have shown that if you get a person to take 24 breaths a minute they become excitable, but if you can get them to breathe only eight times a minute, they become much more relaxed," he relates.

Another technique Kaltenbach uses frequently is imagery-assisted biofeedback. "This can be very important in the control of pain," he says. "Through imagery, we aided a patient with a great deal of chronic pain who saw nothing but the color red every time she was in pain. Using imagery-assisted biofeedback, we were able to help her reduce the size of this red field she saw to the size of a ball. She then found this field was made up of individual little red devils which she was able to control. As a consequence, her pain lessened with her ability to be in control," he relates.

It is an accepted fact that facing the problems of everyday life creates stress and tension. "When a person becomes tense over a certain situation, the muscles contract and the person becomes 'up-tight'. If this tension becomes the reaction to a given situation which occurs with great frequency, the person's muscles never get the chance to fully relax. The tense state of the muscles becomes the norm for that person," Kaltenbach says.

"We use biofeedback to train the person in deep muscle relaxation and other modes that allow him to gain control over his body in these situations. We help the person learn to respond to tension-provoking situations with relaxation," he says. "Through biofeedback, we can teach the person to reduce both physiological and psychological tension, allowing him to become more relaxed and better able to cope with what had been tension-causing situations."

This technique, in which specific muscle groups are relaxed one at a time, is also used by physical therapists. They attach electrodes to the specific muscle group they are rehabilitating and teach the patient to fully relax the muscle, aiding its healing.

These techniques are largely used in the form of biofeedback known as EMG, or electromyographic biofeedback. A second form which Kaltenbach also uses is called temperature biofeedback. This is used in treating such ailments as chronically cold hands and feet and in the treatment of migraine headaches.

Those who have chronically cold hands, a condition known as Raynard's Phenomenon, can be helped by temperature biofeedback because the patients learn they can raise the temperature of their hands," Kaltenbach says. "These people are also under a great deal of everyday stress and have adopted the protective mechanism of constricting the blood vessels to the peripheral circulatory system."

Besides leading to cold hands and feet, this shunting of blood away from the peripheral circulatory system may lead to migraine headaches. Temperature biofeedback can also help here, the psychologist says.

"Data has shown that if a migraine sufferer can warm his hands to between 94 and 96 degrees, there is a good chance the headache can be avoided," Kaltenbach explains. "I have had patients who have raised the temperature in their hands as much as 24 degrees. They had come in with a hand temperature of 70 to 72 degrees."

To train a patient in temperature biofeedback, a temperature-sensitive device is placed over one of the patient's fingertips and the patient learns to control the temperature of the hand from the reinforcement of the temperature gauge on the biofeedback machine.

The third form of biofeedback, EEG or electroencephalograph, deals with the control of brain waves by the patient. Barbara Brown, in **Stress and the Art of Biofeedback,** says "The ultimate biofeedback may well be brain wave biofeedback."

"The EEG form of biofeedback looks at brain wave patterns," Kaltenbach says. "A person's ability to generate alpha waves, long, slow waves, has been shown to have a correlation to his relaxed state. We have used EEG biofeedback to cure insomnia and, by teaching patients to concentrate on maintaining an alpha pattern, to keep their minds from wandering."

An experimental use of EEG biofeedback has been teaching epileptics to develop a rhythm, called sensorymotor rhythm, that aids those whose seizures are difficult to control with medication. "This is very experimental," Kaltenbach says, "and only a few patients are being studied but it appears to be a promising form of treatment."

The electrodermagraph, which is a modification of the galvanic skin response tests, is also a useful method of biofeedback. "This form of biofeedback is used to help patients control their emotionality. These are the people who have a big reaction to a small problem, such as putting a foot through a television screen when they don't agree with a call in a football game," Kaltenbach relates. "The electrodermagraph has also been used to help people who don't feel any emotions to begin feeling them," he adds.

In addition to his work with stress reduction, Kaltenbach has found many uses for biofeedback in dentistry as well. "The most common problems I deal with in a dental setting are myofascial pain and bruxism, the habit of grinding one's teeth. These are really a part of overall stress control and are treated with the same methods of stress reduction," he says.

Bruxism begins in many cases with an emotionally tense situation to which the patient responds with teeth grinding. "If the habit of grinding his teeth continues for a period of several years, a patient may wear down the surface of the teeth until they become flat," Kaltenbach explains.

Many times myofascial pain is also stress related. "We try to get the patient to learn to reduce the tension in their jaw muscles. If they are able to do this, then they can relieve the myofascial pain to a large extent," he says. This tension reduction method uses the same autogenic and progressive relaxation techniques as other forms of stress management. There is another phase which is just as important. That is teaching the patient the correct tension in the jaw muscles so he won't clench his teeth.

Kaltenbach also works with dental patients in pain control. "We are using biofeedback on patients who are not able to tolerate certain medications or are opposed to taking any medication and have had positive results," the psychologist says.

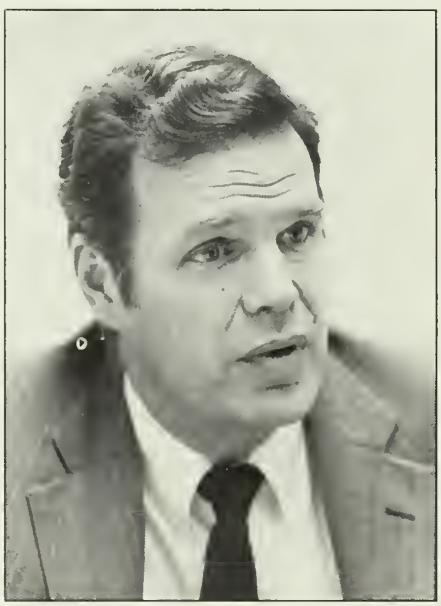
"To me," Kaltenbach reflects, "one of the most interesting aspects of biofeedback is that the patient must learn how to control his reactions for himself. A therapist can help the individual learn how to do this and guide his abilities, but ultimately the patient is responsible for his own progress." ■

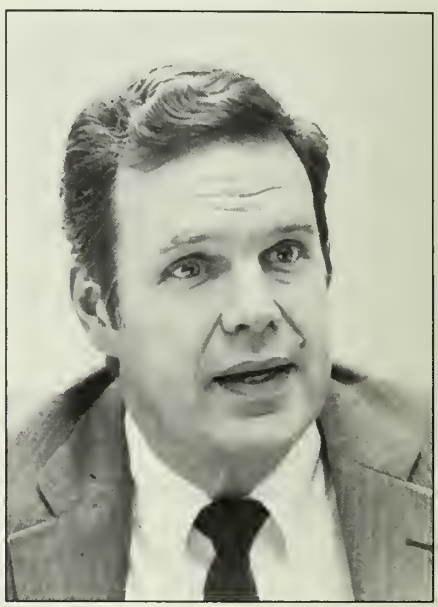
Doctoring the Dogs

by Brenda Drake

Many college football players hang up their cleats at the end of four years and take nothing with them but memories. Dr. William "Butch" Mulherin had a chance to remain with his beloved Bulldogs. As one of the University of Georgia's consulting orthopedic surgeons he is still very much involved with the team.

Mulherin played end for Georgia





from 1952 to 1956 under Coach Wally Butts. After graduation in 1957 he returned home to Augusta and the "Mulherin clan," as he calls his large family, to earn his MD degree from Medical College. He interned at University Hospital and practiced general surgery at Talmadge for one year. His love affair with sports medicine began when he did his residency at Georgia Baptist Hospital under Dr. Wood Lovell. It was there he became associated with Dr. Fred Allman, now an outstanding authority in sports medicine. Not even a recognized specialty at that time, sports medicine was just beginning to attract some interest among the medical profession.

His "hobby" of sports medicine lured him back to Athens in 1966 to open a general orthopedic clinic and serve as orthopedic surgeon for the Bulldogs.

Conveniently located upstairs in his office is the Athens Sports Medicine Clinic. Started in 1981, the clinic employs Kurt Gelfand, a registered Physical Therapist and Ernie Golin, a Board certified athletic trainer who was Assistant Athletic Trainer with the University for ten years.

They use techniques such as hydrotherapy, electrotherapy, cryotherapy, Cybes isokinetic rehabilitation and therapeutic exercises to rehabilitate injured athletes.

Their patients are not always from the University. Since America's exercise obsession began it is estimated that 20 million "weekend athletes" are injured each year throughout the country.

Mulherin says, "We see so many weekend injuries because multitudes of people are involved. Even softball is responsible for a lot of the injuries."

On the collegiate level, Mulherin and his colleagues work hard at preventive medicine.

"We determine if an athlete has weaknesses or old injuries and we constantly monitor them. Also, we use $20,000 a year in adhesive tape," he adds with a laugh.

During Mulherin's recent talk to students at MCG, Gelfand and Golin demonstrated a Cybex II from the Physical Therapy Department at Talmadge. The clinic also uses a Cybex to give computerized objective measurements of muscle strength and to indicate muscle tears. There are only eight of these $20,000 machines in use in the state.

"The most dramatic breakthrough in sports medicine," says Mulherin, "has been the development of the arthroscope."

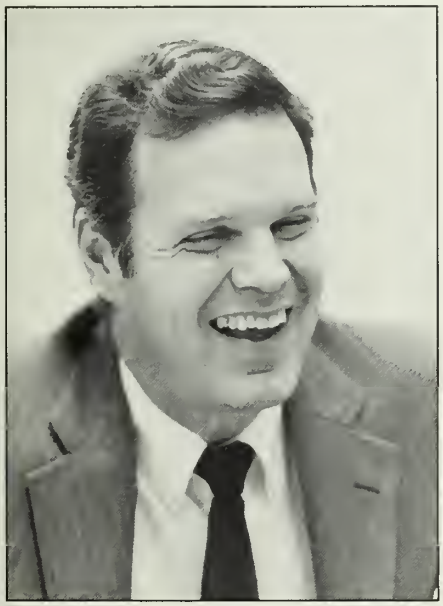
Much more reliable than x-rays, the half-inch tubular arthroscope is inserted through a very small incision. Through it the surgeon can look for torn ligaments or cartilage, bone chips or spurs and calcium deposits. This boon to sports medicine is now widely used in general orthopedics and is cutting hos-

pital stays.

After 16 years of valuable experience in sports medicine, what is the first question people ask Mulherin? "Are you the doctor who set Herschel Walker's broken thumb?"

He patiently explains for the hundredth time how he used two small pins to set that valuable thumb.

"It was a relatively simple pro-



cedure but I've never witnessed so much interest by the press in my life," he says. "The problem was that it happened two weeks before the big Clemson game, so Coach Dooley and Herschel needed to know the odds."

"Everywhere I went the press drove me crazy with questions," says Mulherin. "I remember, one reporter asked, 'It's all a trick isn't it, Doc? We're just trying to trick Clemson?' "

The Sports Clinic fabricated a special splint so Herschel could play, but Mulherin warned that, to be on the safe side, he shouldn't play for three weeks. Further injury would not be anything permanent but could cost him six weeks of the season.

Herschel and Coach Dooley decided he would act as a decoy, but he ended up carrying the ball quite a bit.

Mulherin recalls another instance when Herschel had a "burner," a pinched nerve in the neck which radiates a burning sensation down the shoulder and weakens the biceps. "He wanted to go right back in the game. He was completely mystified by injuries because he has never really been hurt," laughs Mulherin, a man truly involved and enjoying his profession. ■

Is *TCRT* in your will?

by Bruce Howerton

In the typical list of reasons for preparing your will, you usually find one which suggests that you can create a charitable bequest. Often this idea, regardless of how noble, is overlooked due to the need to provide financial security for a loved one. One aspect of the current Internal Revenue Code provides favorable tax treatment for doing both. This vehicle is called the Testamentary Charitable Remainder Trust.

It works this way. Your will directs that a certain sum be placed into trust with a trustee who invests and reinvests the fund. From this fund, a payment is paid to your loved one (the recipient) for a period of time, typically life. Upon the death of the recipient, the remainder of the trust is transferred to a designated educational, charitable, scientific, or religious organization. Thus you have accomplished both lifetime income for the recipient as well as a planned gift to your favorite tax-exempt institution.

The Testamentary Charitable Remainder Trust can take the form of either an Annuity Trust or a Unitrust. The Annuity Trust provides for a fixed annual payment, not less than 5% of the trust's initial value, with an irrevocable remainder interest to the institution. The annuity payment never varies. The Unitrust calls for a certain fixed percentage (not less than 5%) of the trust, as revalued each year, to be paid to the recipient. Obviously as the trust value changes the amount of the annual payment adjusts proportionally. The Unitrust theoretically provides a hedge against inflation, while the Annuity Trust provides the security of a fixed payment. With both, if the payment is not established for the life of the recipient, the term of payment may not be for more than 20 years.

To illustrate: A's will established a Testamentary Charitable Remainder Trust with $100,000 of assets providing an annual income to B for life with remainder interest to the Medical College of Georgia Foundation. The Trustee invests the assets in a fund with an investment strategy of balanced growth and income. If an Annuity Trust was established with a 6% annual payment, that payment and each one that follows will be exactly $6,000.00 regardless of the changing value of the assets. If a Unitrust of 6% is created, the initial payment would be $6,000.00. But as the fund's value increased to $110,000.00 the payment would grow to $6,600.00. Should the fund's value fall to $90,000.00, the payment would drop to $5,400.00.

There are many other planning considerations which should be taken into account, such as, type of property to be used to fund the trust; who should act as trustee; desire to provide income for one recipient or possibly two; number of payments per year; purpose for the use of remainder interest by the institution.

The Medical College of Georgia Foundation staff will gladly provide additional information concerning the Testamentary Charitable Remainder Trust and other planning devices by writing our office or calling (404/828-2121).

As always we strongly urge you to contact your own attorney, CPA, or other financial and legal advisors in order to properly design this instrument to maximize your interests. ■

CLASS NOTES

SCHOOL OF ALLIED HEALTH SCIENCES

Department of Medical Records Administration

Charlotte Johnston, '64, Augusta, is an assistant professor in the department of medical record administration at MCG.

Janice McLam, '75, is residing in Hoffman Estates, IL.

Sitara Marlow Jones, '77, is living in Maple Shade, NJ.

Linda K. Weeks, '78, Riyadh, Saudi Arabia, is the assistant director of medical records at King Khalid University Hospital.

Kaye Taylor, '78, Augusta, is medical record administator at Talmadge Memorial Hospital.

Karen Billings, '78, Rome, is director of medical records at Northwest Georgia Regional Hospital.

Joy Avery, '78, Athens, is assistant director of the medical record department at Athens General Hospital.

Jeri Whitworth, '79, Augusta, is record analyst of the medical information section at VAMC.

Marsha Rooks, '79, Gainesville, FL, is assistant director of medical records at Shands Teaching Hospital and Clinics.

Nancy Freeman, '79, is residing in Largo, FL.

Roy M. Cowins, '79, Birmingham, AL, is the chief of the medical record department at the VAMC.

Danita Austin, '79, Augusta, married John Anthony "Tony" Ducey in October of 1982. She is the QA coordinator of medical records at St. Joseph Hospital.

Niki Pyles, '80, and husband, James Hutzler, are living in Parkersburg, WV.

Cathy Gooding, '80, wishes to announce the birth of her daughter, Kelli Lynn, born October 16, 1982.

Elizabeth Dunn, '80, and family are living in Macon.

Sara Bledsoe, '80, and husband, Andy Kelahan, are residing in Portland, OR.

Deborah Younker, '81, Augusta, is working in the department of thoracic surgery at Talmadge Memorial Hospital.

Sheryl Venable, '81, Augusta, is U. R. coordinator of the medical record department at Talmadge Memorial Hospital.

Beth Taylor, '81, is living in Greece where her husband, Tee, is stationed.

Julie Leach, '81, Blue Ridge, is working in medical records at Fannin Regional Hospital.

Babs Jeter, '81, Statesboro, is director of medical records at Willingway Hospital.

Linda Carter, '81, and husband, Rick Denman, are living in Marietta.

April Powell, '82, and husband, Jeff Johnson, are living in Charlotte, NC. She is working at Kings College.

Alice Murphey, '82, Augusta, is coding and discharge analyst for the medical record department at University Hospital.

Edith Moore, '82, Lithia Springs, is working in the medical record department at Parkway Regional Hospital.

Mary Ruth Hill, '82, is assistant quality assurance coordinator of the medical record department at St. Joseph Hospital, Augusta.

Melissa Henshaw, '82, and husband Brett Jarriel, are living in Clarkston. She is assistant director of medical records at Rockdale County Hospital, Conyers.

Jackie Caruthers, '82, Augusta, is coding clerk of the medical record department at Talmadge Memorial Hospital.

Charlotte Bowers, '82, Washington, DC, is the director of medical records at the Psychiatric Institute of Washington.

Rosemary Abbott, '82, Augusta, is U. R. coordinator of the medical record department at Doctors Hospital.

Department of Occupational Therapy

Rosellen Becker Ryles, '80, married **Jim Ryles,** '79, in July of 1980. The Ryles have one son, Michael, born October 5, 1982. Rosellen is section head of occupational therapy at Johnson City Medical Center Hospital, Johnson City, TN, where Jim is an RN in the emergency room.

Department of Radiologic Technology

Robert C. Eccleston, '72, Gaithersburg, MD, and wife, **Marsha Jett Eccleston,** '73, have one daughter, Leslie. He is assistant director for Intragovernmental Liason in the US Food and Drug Administration's National Center for Devices and Radiological Health. In this capacity, Eccleston is responsible for regulatory and legislative affairs.

SCHOOL OF DENTISTRY

Richard L. Hoodenpyle, '73, High Point, NC, and partners are sharing a new office, a former church educational building that required complete renovation. He recently completed a three-year term as chief of the dental section at High Point Memorial Hospital. During 1983, he will serve on the Professional Quality Assurance Committee of the hospital.

Ken McMillan, '74, Stone Mountain, and his wife wish to announce the birth of their second child, Courtney Michele, born September 9, 1982. Their son, Casey, is 4½.

Maj. Larry W. A. Townsend, '75, Anniston, AL, completed his two year residency in fixed prosthodontics at Walter Reed Army Medical Center in July of 1982. He was reassigned to Stour Dental Clinic, Ft. McClellan, serving as the chief of the fixed prosthodontic service.

Philip E. Koch, '77, and wife, Marti, have three children: Kristin, 4, Matt, 2, and Michael, 11 months. He is in his sixth year of oral and maxillofacial surgery practice in Gainesville.

Bobby Childree, '77, Jasper, and wife, Mary Ellen, are the proud parents of a second son, Timothy Paul, born June 6, 1982.

Ken H. Farrar, '80, Smyrna, graduated with a certificate in orthodontics from MCG June 6, 1982, and immediately set up his practice. In October, he completed phase II of the American Board of Orthodontics.

Kenneth K. Hutchinson, '82, Snellville, has become associated with **Kent M. Mattison,** '74, in the family practice of dentistry.

Richard F. Smith, '82, is practicing in Winder.

SCHOOL OF MEDICINE

Fletcher Oland Garrison, '50, Demorest, has been elected to the Board of Directors of Habersham County Medical Center. He and his wife, Mary, have two daughters and one son.

Herbert P. Stelling, '51, Dayton, OH, is associate professor at Wright State University School of Medicine. A diplomat to the American Board of Family Practice, Stelling's research work, *In Search For a Valid Colorectal Screening Method: Immunological Detection of Pathological Occult Blood,* was chosen for presentation at the 34th Annual Scientific Assembly of the American Academy of Family Physicians, October, 1982.

Judson L. Hawk, Jr., '52, Atlanta, is practicing at Scottish Rite Children's Hospital.

Gordon W. Jackson, '52, Macon, spent the month of October as an ob-gyn volunteer at The Lyndon B. Johnson Tropical Medical Center, Pago Pago, American Samoa.

Charles Little, '55, Gainesville, has returned from Saudia Arabia and opened an orthopedics practice.

CLASS NOTES

David S. Perling, '58, Atlanta, has been in private practice for the last 20 years. His nephew, **Lance H. Perling**, graduated from MCG this year.

Jerome H. Siegel, '60, New York, NY, is a fellow of the American College of Physicians, a fellow of the American College of Gastroenterology, and president of the New York Society of Gastrointestinal Endoscopy.

Bob G. Lanier, '62, Atlanta, is president of the Medical Association of Atlanta. Lanier specializes in internal medicine and rheumatology and is clinical instructor in medicine at Emory University.

John W. Garland, III, '64, Gainesville, was elected to Fellowship in the Southern Psychiatric Association, and named a fellow of the American Psychiatric Association. He practices psychiatry and psychotherapy in association with **Jack M. Bates**, '63, and **Tom H. Jordan**, '70.

Gordon Carson, '65, Atlanta, is a faculty member in the department of radiology at Emory University School of Medicine where he is responsible for administering and directing emergency room radiology at Grady Memorial Hospital.

James H. Rogers, Jr., '71, Boerne, TX, is the chief of pediatric cardiology at Wilford Hall USAF Medical Center, Lackland AFB. He has been elected to Fellowship in the American College of Cardiology.

Lane Mathis Price, '74, Clearwater, FL, and husband, Julian, wish to announce the birth of their first child, Margaret Lane Mathis Price, born December 10, 1982. Price is engaged in the practice of radiation and oncology in New Port Richey.

Dennis W. Spencer, '78, South Bend, WA, is director of the coronary care unit at Willapa Harbor Hospital.

Preston P. Hawkins, '79, Griffin, performed his residency at Emory University Hospital and Grady Memorial Hospital. He began his private practice in anesthesiology at Griffin-Spalding County Hospital, August, 1982.

Rodney Durham, '80, Gainesville, has joined the medical staff of the Northeast Georgia Medical Center as an emergency room physician. He and his wife, Nancy, have one son, Ben.

SCHOOL OF NURSING

Margaret J. Pilgrim, '68, Spartanburg, SC, is working as staff nurse in the psychiatric unit of Spartanburg General Hospital.

Anne Jones Thompson, '68, Avondale Estates, is with the sales and marketing department of Medaids, a medical equipment company. She has one son, Wade, 7½.

Lea Eunice, '73, Lincoln, NE, received a PhD in community and human resources from the University of Nebraska, December, 1982. She is assistant professor at UNMC College of Nursing.

Sue Nagley McCrimmon, '74, St. Petersburg, FL, and husband, Mitch, have two children: Mitchie, 6, and Mary Alice, 4. She teaches at St. Petersburg Junior College and is a guest speaker for the Gulf Coast Lung Association.

Lois Camille Payne Stern, '76, Birmingham, AL, received her masters from the University of Alabama, August, 1979. She is an instructor of nursing at Samford University.

Deborah L. Farmer, '77, Moreland, KY, received her masters from the University of Kentucky, Lexington, August, 1982. She also was presented a graduate faculty award for creativity. Farmer is consultation and education coordinator for Pathways, Inc., a community mental health center.

Alice S. Ward, '77, Mobile, AL, received her EdD from Florida State University, December, 1982. She is assistant professor of medical-surgical nursing and is involved with establishing a new masters program.

Candace Cornatzer Waters, '77, Martinez, has one daughter, Ann-Michelle, 1. She is clinical coordinator of ambulatory care at University Hospital.

Mary Ann Chandler Stokes, '78, Mobile, AL, married Lamar T. Stokes in August, 1981. She graduated from the University of Alabama with a MSN in maternal-infant nursing, June, 1982. She is an instructor in the Mobile Infirmary, Mobile College School of Nursing.

Candy G. Mintz, '79, Rockmart, completed her MEd in vocational and career development, with special emphasis in health occupations education, at Georgia State University, June, 1982.

Theda Lloyd, '80, Louisville, KY, graduated in May, 1983, from The Southern Baptist Theological Seminary with a masters in religious education.

Mary Margaret Northington, '80, Birmingham, AL, is pursuing a masters degree in nursing at the University of Alabama.

Dianne M. Smolen, '80, Poland, OH, is associate director of education and nursing services at St. Elizabeth Hospital Medical Center, Youngstown, and found the switch from the university to hospital environment refreshing!

Nina A. Smith, '82, joined the U. S. Navy Nurse Corps and will be commissioned as a naval officer. She will attend officer indoctrination school in Newport, R. I., January, 1983, and will then be stationed at the Naval Regional Medical Center, Portsmouth, VA.

DEATHS

Lloyd B. Greene, '17, Philadelphia, PA.
Richard Kyle Brown, '31, Greenville, SC.
Abraham H. Germain, '38, Jonesboro, GA.
Frank B. Mitchell, Jr., '38, St. Simons Island, GA.
Henry C. Brooks, Jr., '39, Marietta, GA.
Betty Burke Godfrey, '74, Decatur, GA.

Future MCG Continuing Education Programs

ENDODONTIC FAILURES — Diagnosis and Treatment
June 4-5
Hilton Head Island, South Carolina
School of Dentistry, MCG

DISPOSAL OF HAZARDOUS WASTE
June 16
Augusta, Georgia
Medical College of Georgia

RECENT ADVANCES IN INTERNAL MEDICINE
June 23-26
Kiawah Island, South Carolina
School of Medicine, MCG

CLINICAL OBSTETRICS
July 14-16
Kiawah Island, South Carolina
School of Medicine, MCG

FIXED PROSTHODONTICS
July 15-17
Disney World, Florida
School of Dentistry, MCG, co-sponsored with College of Dentistry, University of Florida

HEALTH CAREERS SEMINAR
July 18-22
Augusta, Georgia
School of Allied Health Sciences, MCG

CLINICAL CARDIOLOGY
July 18-21
Hilton Head Island, South Carolina
School of Medicine, MCG

PEDIATRIC UPDATE — 1983
July 25-27
Kiawah Island, South Carolina
School of Medicine, MCG

CRITICAL CARE MEDICINE
July 28-31
Kiawah Island, South Carolina
School of Medicine, MCG

YOUR PRACTICE, YOUR MONEY, YOUR FAMILY
August 1-5
Hilton Head Island, South Carolina
Medical College of Georgia

CLINICAL ANATOMY OF THE HEAD AND NECK
August 12-15
Augusta, Georgia
School of Dentistry, MCG

DENTAL HYGIENE SYMPOSIUM
August 25-28
Jekyll Island, Georgia
School of Dentistry, MCG

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